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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/551,618 04/17/2000 PAT 6,417,189
which claims benefit of 60/164,950 11/12/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 15
Verified and Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

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TITLE

Aza compounds, pharmaceutical compositions and methods of use

FILING FEE RECEIVED 2265	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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